



Hospital Insurance

can pay benefits that help you with the costs of a covered hospital visit.

How does it work?

Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth. The money is paid directly to you – not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.

What's included?

- \$1,000 for each covered hospital admission – once per year
- \$200 for each day of your covered hospital stay, up to 60 days – once per year
- \$200 for each day you spend in intensive care, up to 15 days – once per year

Why is this coverage so valuable?

- The benefits in this plan are compatible with a Health Savings Account (HSA).
- Wellness Benefit: Based on your plan, this benefit can pay \$50 per calendar year per insured individual if a covered health screening test is performed, including: blood tests, chest X-rays, stress tests, mammograms, and colonoscopies
- A full list of covered tests will be provided in your certificate.

Who can get coverage?

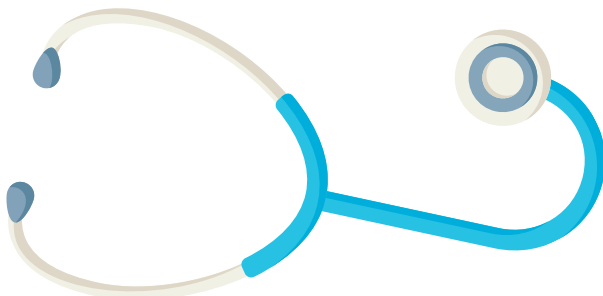
You:	If you're actively at work
Your spouse:	Ages 17 and up
Your children:	Dependent children until their 26th birthday, regardless of marital or student status.

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.

How much does it cost?

Hospital Insurance Bi-weekly rates			
Employee	Employee and spouse	Employee and child	Employee spouse and child
\$9.69	\$26.43	\$13.80	\$30.54

For illustrative purposes only. Actual cost may vary. Coverage becomes effective on the first day of the month in which payroll deductions begin.



This plan has a pre-existing condition limitation. See the disclosures for more information.

Hospital Insurance

Hospital insurance filed policy name is Hospital Confinement Indemnity Group Insurance Policy

Exclusions and Limitations

Unum will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of:

- Participating in war or act of war, whether declared or undeclared;
- Treatment for alcoholism or drug addiction unless the insured individual is addicted to a narcotic taken on the advice of a physician;
- Treatment for dental care or dental procedures, unless treatment is the result of a covered accident;
- Any covered person's undergoing cosmetic surgery. "Cosmetic surgery," for purposes of this exclusion, means surgery that is performed to alter or reshape normal structures of the body in order to improve the covered person's appearance. "Cosmetic surgery" shall not include reconstructive surgery when such surgery is performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease in order to improve function or create a normal appearance, to the extent possible;
- Participating or attempting to participate in a felony or being engaged in an illegal occupation;
- Committing or trying to commit suicide or injuring oneself intentionally, whether sane or not;
- Hospital confinement caused by, contributed to by, or resulting from mental illness. However, dementia as a result of stroke, trauma, viral infection, Alzheimer's disease or other conditions not listed which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment are covered under this policy;
- Any hospital confinement of a newborn following the birth unless the newborn is sick or injured.
- Any pregnancy of a dependent child, including services rendered to her child after birth. The definition of hospital does not include certain facilities. See your contract for details.

Pre-existing conditions

Benefits for a pre-existing condition (defined as a sickness or injury, diagnosed or treated, for which you received medical treatment, care or services, including diagnostic measures, took prescribed drugs or medicine, or had been prescribed drugs or medicine to be taken during the 12 months just prior to your effective date) will not be paid if the date of the covered loss occurs during the first 12 months after your effective date.

Termination of employee coverage

If you choose to cancel your coverage under the policy, your coverage ends on the first of the month following the date you provide notification to your employer.

Otherwise, your coverage under the policy ends on the earliest of the:

- Date this policy is cancelled;
- Date you are no longer in an eligible group;
- Date your eligible group is no longer covered;
- Date of your death;
- Last day of the period for which you made any required contributions; or
- Last day you are in active employment.

Unum will provide coverage for a payable claim which occurs while you are covered under this policy.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for comprehensive health insurance and does not qualify as minimum essential health coverage.

Individuals must have comprehensive medical coverage to be eligible for this hospital indemnity insurance.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable. For complete details of coverage and availability, please refer to policy form GHI-1 or contact your Unum representative.

Unum complies with all state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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